

Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	N/A
CD-ROM or CD-R?::	None
Sequence submission?::	None
Computer Readable Form (CRF)?::	No
Title::	SYSTEMS AND METHODS FOR PROVIDING DIAGNOSTIC SERVICES
Attorney Docket Number::	MIN-P01-042
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	5
Total Drawing Sheets::	6
Small Entity?::	Yes
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Gregory
Family Name::	Stephanopoulos
City of Residence::	Winchester
State or Province of Residence::	MA
Country of Residence::	US
Street of mailing address::	4 Russel Lane
City of mailing address::	Winchester
State or Province of mailing address::	MA

Postal or Zip Code of mailing address:: 01890

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Greece
Status:: Full Capacity
Given Name:: Ilias
Family Name:: Alevizos
City of Residence:: Athens
Country of Residence:: Greece
Street of mailing address:: Taygetou 14
City of mailing address:: Athens
Country of mailing address:: Greece
Postal or Zip Code of mailing address:: 15235

Applicant Authority Type:: Inventor
Primary Citizenship Country:: India
Status:: Full Capacity
Given Name:: Jatin
Family Name:: Misra
City of Residence:: Cambridge
State or Province of Residence:: MA
Country of Residence:: US
Street of mailing address:: 143 Albany Street
Apartment 019B
City of mailing address:: Cambridge
State or Province of mailing address:: MA
Postal or Zip Code of mailing address:: 02139

Correspondence Information

Correspondence Customer Number:: 28120

Representative Information

Representative Customer Number:: 28120

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An application claiming the benefit under 35 USC 119(e)	60/427265	11/18/02

Assignee Information

Assignee name:: Massachusetts Institute of Technology
Street of mailing address:: Massachusetts Institute of Technology
Five Cambridge Center, Room NE25-230
City of mailing address:: Cambridge
State or Province of mailing address:: MA
Postal or Zip Code of mailing address:: 02142-1493